

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41062

State File No. _____

FILED DEC 9 - 1957

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>3039</u>		Registrar's No. <u>284</u>			
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>				b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline, Mo</u>		c. LENGTH OF STAY (in this place) <u>7 yrs.</u>		c. CITY OR TOWN <u>Marceline</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>217 E. Gracia</u>				e. STREET ADDRESS (If rural, give location) <u>217 E. Gracia</u>				<u>058/0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>			b. (Middle) _____			c. (Last) <u>Snider</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>11/28/57</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>3/12/1867</u>	
9. AGE (In years last birthday) <u>90</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>16</u>		IF UNDER 6 HRS. Hours <u>16</u> Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			
10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Bucklin, Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Phillip</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Martin</u>			14. NAME OF HUSBAND OR WIFE <u>Margaret (dec)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Josie Tarpeneing Marceline, Mo</u>				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple cerebral hemorrhages</u>		DUE TO (b) <u>arterio sclerosis</u>						<u>3 da.</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>associated prostatic hypertrophy</u>						unknown	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>610X</u>						20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>11-18</u> , 19 <u>57</u> , to <u>11-28</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>11-28</u> , 19 <u>57</u> , and that death occurred at <u>9 A.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>John Otis Carr J.O.</u>				23b. ADDRESS <u>124 W Ritchie Marceline Mo</u>				23c. DATE SIGNED <u>11-29-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>11/30/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>		24d. LOCATION (City, town, or county) (State) <u>Marceline, Mo</u>			
DATE REC'D BY LOCAL REG. <u>11/30/57</u>		REGISTRAR'S SIGNATURE <u>Brookie Queen</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>James M Laughlin Marceline Mo</u>				
ADDRESS									

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... James B. M. Clellanet

Licensed Embalmer No. 4230

P. O. Address Brookfield, N.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.